POPULATION TODAY

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FROM THE EDITOR'S DESK

"Population Bomb Is Being Defused by Affluence."

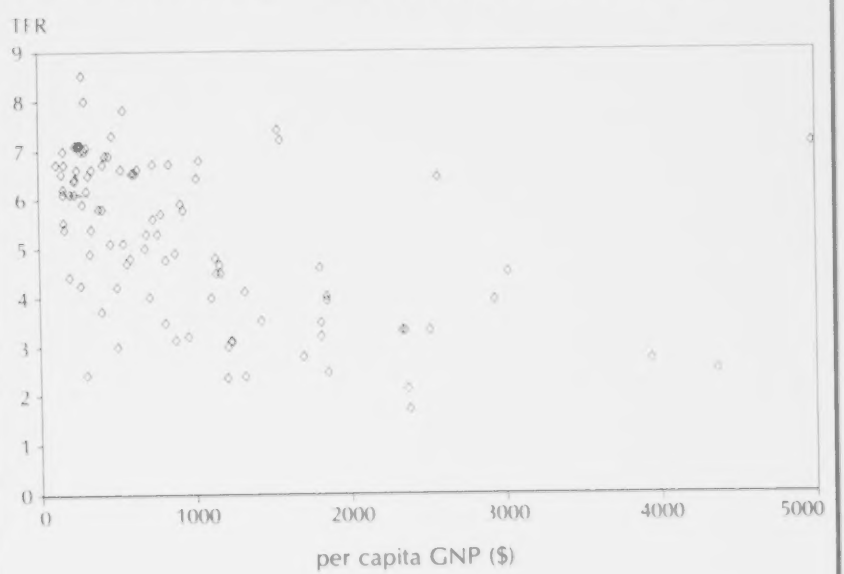
That's the engaging title of a recent *Wall Street Journal* op-ed column on population by Nobel-laureate economist Fredrich A. Hayek. Given the United Nations' recent upward adjustment of world population projections and the prospect of continued and very substantial growth in population in developing countries, Hayek's reassuring assertion holds a certain fascination.

Assuredly today's more developed countries have the world's lowest fertility. (In Italy, where preferences have shifted from children to Guccis and Alfa Romeos, fertility is lowest of all with women having have an average of 1.4 lifetime children at present rates). LDCs generally have higher fertility. (In the highest case, Rwanda, per capita GNP is $290 and total fertility is 8.5). What is less clear in Hayek's logic is how the Rwandas of the world are likely to achieve the affluence levels required to bring their fertility rates down.

Indeed there could be a significantly lowering of LDC fertility associated with rising living standards. But as the data presented below show, a pattern of fertility decline associated with rising affluence in developing countries is still pretty hard to detect. The scattergram below plots LDCs with per capita GNP of $5000 or less (as of 1986) and their TFR. As is often the case with scattergrams, the data points are well scattered. No dramatic correlation shows up between an LDC country's TFR and its affluence. It is eminently possible to have a relatively high-per-capita-GNP LDC with a high TFR (e.g., Oman or Algeria); it is also possible to have a poor one with a low TFR (e.g., Sri Lanka or, for that matter, China).

– Art Haupt

SPEAKING GRAPHICALLY



This scattergram plots the world's LDCs which have per-capita GNPs of less than $5,000. (The $5,000 limit was selected to keep the graph of manageable size; there are only about 12 LDCs with over-$5,000 per-capita GNPs.) No dramatic correlation is seen between an LDC's TFR and its income, but there is clearly a relationship between being an LDC and being poor. Some 60 percent of these countries have per-capita GNPs of $1,000 or less.

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U.S. Black Life Expectancy Declines

Life expectancy at birth in the U.S. reached a record high in 1986 – except for the black population.[1] Black life expectancy decreased for the second year in a row, the first time such a continuing decline has occurred (life expectancy data for blacks has been issued on an annual basis since 1970).

Age-adjusted death rates decreased in 1986 for all groups in the U.S., including blacks, for the first three major causes of death, even though they rose 1.4 percent for accidents (motor vehicle accidents rose 3.4 percent). But the black population showed higher mortality rates than the white population for most of the leading causes of death, and overall the age-adjusted death rate for blacks was 1.5 times that for the white population in 1986 as in the previous three years. (Adjusting the rate for age compensates for the general aging of the population and enables comparison of groups with different age compositions.)

The National Center for Health Statistics (NCHS) reports life expectancy at birth in 1986 as shown in the table for whites and blacks by sex.

The difference in white and black life expectancy narrowed from 7.6 in 1970 to 5.6 in 1984, but then increased to the 6.0-year difference observed in 1986.

What are the causes of this divergent pattern? Life expectancy is the average number of years that a person would live if he or she followed the age-specific death rates prevailing in the year of his or her birth.

The largest difference between the races was in the category Homicide and Legal Intervention,* with the age-adjusted death rate for blacks 5.8 times that of the white population. Some 21,731 deaths were counted under this heading in 1986, including 8,567 white males and 7,634 black males. Homicide and legal intervention, the fifth-ranked cause of death for the black male population, is not among the top 10 causes of death of the white population, and, adjusted for age, ranks 12th for the entire population. The percentage increase of deaths under this heading between 1984 and 1985 was three times as great for blacks as for whites, according to Dr. Harry Rosenberg, Chief, Mortality Branch of NCHS. This seems to agree with recognized socioeconomic patterns of poverty, including drug and alcohol use.

*Legal intervention includes deaths occurring during arrests and executions.

U.S. blacks' life expectancy at birth is six years less than whites' (as of 1986).

It may seem remarkable that homicide could contribute to the prominent difference between white and black U.S. life expectancy. But that cause, combined with higher rates for other causes of death, is what results, even when the major causes of death are excluded.

The major causes are (in descending order) heart disease, cancer, cerebrovascular diseases (i.e., stroke), and accidents. These four causes alone accounted for 70.3 percent of all deaths in 1986. Some 71 percent of deaths among whites derived from these four major causes leaving 527,047 white deaths to be accounted for by all the other possible causes. As a proportion of those remaining causes, homicide and legal intervention account for 2.2 percent of deaths for whites.

Of black deaths, 64 percent were from the four major causes. That leaves 90,084 deaths to be accounted for. Taken against the total of all other causes, homicide and legal intervention account for 10.5 percent of "all other cause" black deaths.

It is black males, however, who are most affected. The 7,634 homicide and legal intervention deaths in this group are sufficient to constitute 14.7 percent of black male deaths that are not due to the four major causes.

The U.S. age-adjusted death rate, all races, both sexes combined, was 541.7 per 100,000 population in 1986, 709.1 for males and 406.6 for females. For

Continued next page

U.S. Life Expectancy by Race and Sex (years) for 1986

Sex	Total	Race		Difference (white – black)
		White	Black	
females	78.3	78.8	73.5	5.3
males	71.3	72.0	65.2	6.8
Total	74.8	75.4	69.4	6.0

U.S. Black Life Expectancy Declines

Continued from preceding page

the white population, both sexes combined, the age-adjusted rate was 518.0, males at 679.8 and females at 387.7. The rate was 781.0 for both sexes of the black population, 1,026.9 for males and 588.2 for females. The age adjusted death rates for males of all races was 1.7 times higher than for females, both for black and white populations. The age-adjusted death rate for whites declined by about 1 percent from the previous year, with no statistically significant change for the black population from 1985.

Provisional data for 1987 show U.S. life expectancy slightly higher than the 1986 figure of 74.8 years.[2] Life expectancy at birth increased by 0.1 year for white males, declined by 0.1 year for white females, declined 0.1 year for black males, and increased 0.2 year for black females. Black males continued to have the highest age-adjusted death rate in 1987, followed by white males, then black females, with white females having the lowest rate.

– R.Y.

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2. NCHS, "Annual Summary of Births, Marriages, Divorces, and Deaths: United States, 1987," *Monthly Vital Statistics Report*, Vol. 36, No. 13. DHHS Pub. No. (PHS) 88-1120. (Hyattsville, Md.: July 29, 1988).

The World's Moslems

Moslems are the world's fastest growing major religious group. Nearly 1 in every 5 persons is Moslem, an estimated world population of 984 million in 1988. In the late 20th century, there are more Moslems in Asian and African countries than in the Arab nations which saw the rise of Islam in the 7th century A.D. If the current high levels of fertility continue, almost one-quarter of the world's population could be Moslem around the year 2020.

Professors John R. Weeks and M. Saad Gadalla of the International Population Center at San Diego State University in California analyze and discuss these and other facets of the world's Moslem population in "The Demography of Islamic Nations," PRB's just-issued *Population Bulletin*. There are 40 countries, including the world's fifth most populous, Indonesia, and Albania in Europe, with a population 50-100 percent Moslem, and another 7 countries, including Nigeria and Malaysia, ranging from 25-49 percent Moslem. In addition, there are 9 countries each with more than 2 million Moslems who total less than 25 percent of their total population, such as the Soviet Union, China, Yugoslavia, and India.

The authors find that the Islamic nations tend to be further behind in the demographic transition than other groups of nations, with the highest fertility levels, the highest mortality, and the highest rates of natural increase, even when compared with other, non-Islamic developing countries. However, they believe these demographic trends stem more from the very traditional, patriarchal, agricultural nature of these societies than from Islam per se, which, contrary to some other major world religions, does not forbid contraception. The authors particularly note the low status of women in this context and the early state of economic development in general.

Crude birth rates range from North Yemen's 55 per 1,000 to the 27 per 1,000 in Indonesia and Albania, and there is an equal diversity geographically, from Sub-Saharan Africa to Asia Minor to Southeast Asia to Oceania, and in terms of income per capita, from the very rich oil producers of the Gulf and Brunei to densely populated Bangladesh and drought-and-war-stricken Ethiopia.

– R.Y.

Copies of "The Demography of Islamic Nations" by John Weeks and Saad Gadalla, the 56-page *Population Bulletin* (Vol. 43, No. 4, December 1988), can be ordered from PRB, Circulation Dept., P.O. Box 96152, Washington, D.C. 20090-6152, with checks payable to PRB. Prices are: $4.00 per single copy, 2-10 copies, $3.00 each, 11-50 copies, $2.50 each, over 50, $2.00 each. Orders for $50.00 or less must be prepaid and include $1.00 for postage and handling.

Voting Absentees

The 1988 election saw the U.S. voting participation drop, as barely half the eligible electorate cast their ballots in the Bush-Dukakis contest.

According to a study by the Washington-based Committee for the Study of the American Electorate, 50.16 percent of the voting-age population actually went to the polls on Nov. 8. This marks a drop from 1984, when 53.1 percent cast their votes in the Mondale-Reagan campaign, and continues a longstanding trend toward lower voter participation that began two decades ago.

Many reasons are given by commentators for the decline, including voter alienation and obstacles to voter registration. Some 84 percent of those registered actually voted, but the registered composed only 60 percent of the potential eligible population. While no exact figures are available, about 90 percent of those in the voting ages (18 and over) are legally eligible (i.e., are U.S. citizens, are not institutionalized, are not convicted felons).

The 1972 presidential election was the first one in which those 18-21 years old were allowed to vote. There was a drop in voting participation then (historically, voter participation is lower at the younger ages), but participation has continued to drop even though America is aging. About 91.6 million Americans voted in last November's election.

Commentators have attempted various demographic explanations for the chronic decline, including the influx of Hispanic immigrants during the 1980s. Curtis Gans, director of the Committee that sponsored the study, had his own opinion. "We had abysmal, vacuous elections and the people responded accordingly," he told the media.

Whatever the reason, the percentage is 12.6 percentage points below the 62.8 percent voter participation recorded in 1960, when the country was fairly tranquil by comparison with later events, and when John F. Kennedy and Richard M. Nixon were running for President.

– A.H.

SURVEY REPORT

Indonesia

The Republic of Indonesia consists of an archipelago of 13,500 islands extending across 3,000 miles of Indian and Pacific Oceans. Containing 177 million people, it is the world's fifth most populous country; over 90 million alone live on Java, the country's principal island, which has about the same area as New York state and is one of the world's most densely populated places.

Such disproportionate concentrations of population have given rise to the government's "transmigration" program in which those willing to relocate are being moved to more sparsely populated islands.

Family planning has been highly successful in Indonesia.

The government-sponsored family planning program in Indonesia is world renowned. Reducing the pace of population growth has long been a major national priority. From a total fertility rate (TFR) of 5.6 lifetime children per woman on average in 1967-1970, fertility has since fallen by over one-third in only 15 years.

The 1987 National Indonesia Contraceptive Prevalence Survey (NICPS) took stock of the fertility and family planning situation and reported a continuing decrease in the country's fertility to a TFR of 3.4 for the period 1983-1987. In the survey, 11,885 ever married women aged 15-49 were interviewed in provinces which included about 93 percent of the national population. The survey was conducted by the Indonesian Central Bureau of Statistics and Westinghouse's Institute for Resource Development.

Virtually all – 94 percent – of the women surveyed said that they had heard of some form of contraception, not surprising given the far-reaching and often innovative nature of the Indonesian family planning program. At the time of the survey, 42 percent of the currently married women were using a modern method and an additional 4 percent a traditional method.

The mix of contraceptive methods was quite varied. The pill was used by the largest percentage of the respondents, 14.1 percent, with IUDs next at 13.3 percent, followed by injection at 9.5 percent. Tubectomies were reported by 3.1 percent while only 0.2 percent reported being protected by their husband's vasectomy. The NICPS also investigated the quality of contraceptive use. Of the 16.2 percent of the respondents who were using the pill, 87 percent had taken it within the two days preceding the survey interview.

Despite the decrease in fertility (an even greater decline among teenagers was noted), the age "of childbearing pattern" has shown little change. The peak years are still in the 20-24 age group.

When questioned on their fertility preferences, 55 percent of the married women said that they did not want any more children. Among the married women who were not practicing contraception, almost half did not want another birth and about one-fourth wanted to delay their next pregnancy. Thus, about three-quarters of the unprotected women had an unmet family planning need.

The consequences of continued fertility decline in the future and the timing of the decline can be seen in population projections for Indonesia. If Indonesia's TFR nears replacement level – about 2 children per couple – by the close of the century, the present population of 177 million would rise to 263 million by 2025, possibly reaching or passing 300 million before growth finally crests.

Although Indonesia has experienced dramatic fertility decline in the past several decades, the pace of future declines will play a central role in the ultimate population size of this large Southeast Asian country.

– C.H.

DEMOGRAPHER'S PAGE

All About U.S. Immigration Statistics

by Michael Hoefer

The United States admitted approximately 601,500 legal immigrants in Fiscal Year 1987 according to official records compiled by the U.S. Immigration and Naturalization Service (INS). The United States admits more immigrants than any other any country in the world; however, it is difficult to compare migration statistics across countries because of inconsistent definitions.

The United Nations Statistical Commission and other international organizations have long promoted the standardization of international migration statistics, but the numbers compiled by most countries (including the United States) do not currently conform to the UN definitions. Aliens admitted into the U.S. are counted as immigrants in the year that they are granted legal permanent residence. This primarily legal and administrative definition of immigrant admission often conflicts with the demographic definition of international immigrant admission. Refugees admitted into the United States, for example, are counted as immigrants several years after they first entered the country rather than at their time of entry.

When analyzing the INS immigration data, it is important to understand these distinctions and to be especially aware that immigrants do not necessarily physically arrive in the year that they are included in the official statistics.

Definition of International Migration

International migration is generally defined as a relatively permanent change in residence that crosses international boundaries. Nonresidents arriving in a country are called immigrants and residents departing a country are called emigrants. The UN Statistical Office defines long-term immigrants as citizens and aliens "who have entered the country with the intention of remaining for more than one year."[1] For the United Nations, "relatively permanent" is quantified and measured by the intent to stay more than one year. The U.S. defines immigrants as aliens who have lawfully been accorded the privilege of residing permanently in the United States. Admission for permanent residence is used as a proxy measure of a "relatively permanent" change in residence.

Aliens who are lawfully admitted into the U.S. for temporary residence are called nonimmigrants. In FY 1987 over 12 million nonimmigrants were admitted; approximately 70 percent of these aliens were admitted as visitors for pleasure (tourists) who typically stayed in the U.S. for one week or less.

Comparison of UN and U.S. Definitions

Some U.S. nonimmigrants are allowed to stay in the United States for longer than a year, which classifies them as long-term immigrants under the UN definition. Nonimmigrants who typically reside in the United States for more than one year include students attending U.S. colleges and universities, nurses working at U.S. hospitals, and foreign nationals working at international organizations. While not officially counted as immigrants by the United States, it is possible to estimate their size using administrative records of nonimmigrant arrivals and departures. Recent research suggests that a minimum of 100,000 aliens admitted for temporary residence in calendar year 1983 stayed in the U.S. longer than one year.[2]

One use of international migration statistics is to provide data for national population estimates. Net migration to the United States must be estimated with indirect measures because the U.S. has not collected any information on the departure of legal permanent residents since 1957. Recent estimates indicate that the average flow of alien emigration since 1970 has exceeded 100,000 per year.[3] The United Nations has proposed that countries measure the arrival and departure of its citizens as well as aliens in order to measure the full impact of international migration. Under the UN proposal, citizens should be counted as long-term immigrants if they intend to reside in their country of citizenship for more than one year after continuously residing outside their country for more than one year.

The United States does not track the international migration of its citizens, although indirect measures indicate that their numbers could be quite large. The U.S. Department of State has estimated that the number of U.S. citizens living abroad in 1984 was 1.8 million, and immigration records from other countries indicate that over 100,000 U.S. citizens and legal permanent residents annually emigrate from the United States.[4] The U.S. Bureau of Census currently uses an annual emigration figure of 160,000, which includes both citizens and aliens, for computing national population estimates.

Year of Entry Compared to Year of Admission

Many immigrants reported by the INS as being legally admitted in a given

Table 1: Immigrants to U.S. Following UN Definitions: Calendar Year 1983

	Number	Type of migrant
339,186	(1)	Immigrant arrivals in calendar year 1983
78,860	(2)	Immigrant adjustments in Fiscal Years 1983-1987 who entered in calendar year 1983
99,884	(3)	Nonimmigrants admitted in calendar year 1983 who stayed one year or more and then departed in Fiscal Years 1984-87
62,048	(4)	Refugees admitted in calendar year 1983 and asylees adjusted in Fiscal Years 1983-1987 who entered in calendar year 1983
579,978		Total

Source: Kraly and Warren (Reference 2)

Michael D. Hoefer is Supervisory Demographer, Statistical Analysis Branch, U.S. Immigraion and Naturalization Service

fiscal year actually migrated to the United States in earlier years. Approximately 30 percent of the aliens admitted for permanent residence in FY 1987 entered in earlier fiscal years. These persons consist of aliens who were admitted for temporary residence or entered illegally and later adjusted to legal permanent residence at an INS district office. The remaining 70 percent entered the United States at U.S. ports of entry with immigrant visas issued abroad by the U.S. Department of State.

Slightly under half of the aliens adjusting to permanent residence in recent years were refugees. Refugees are eligible to apply for permanent residence after they have lived in the United States for one year. Most refugees adjust their status from temporary to permanent residence within one to three years after entry, although there is no time limit for applying and some may choose not to apply. Since refugee flows tend to be sporadic, and there is a lag between the date of initial entry and the date they are counted, the number and characteristics of the immigrants counted by INS and those actually migrating in a year may be quite dissimilar for countries with large numbers of refugees. The 125,000 Cubans who entered during the Mariel Boatlift in 1980, for example, were allowed to adjust to permanent residence in 1985, five years after their initial entry.

The impact of nonrefugee adjustments on the official immigration statistics is more moderate than refugee adjustments. Even though they may not be counted in the years that they actually migrated, their effect on the number and characteristics reported each year is relatively small. One exception that will occur in the next few years involves immigrants adjusting under the two legalization programs established by the Immigration Reform and Control Act of 1986 (Public Law 99-603).

Approximately 1.7 million illegal aliens have applied for temporary residence based on their continuous residence in the United States since Jan. 1, 1982. Qualified applicants will be allowed to adjust to permanent residence over the three-year period from FY 1989-1991. Another legalization provision allows approximately 1 million aliens who have worked on perishable crops in 1985-1986 to apply for legal permanent residence in FY 1990-1991. During 1989-1991 the official number of immigrants admitted may more than double from an annual average of 600,000 to 1.3 million because of the adjustment of these legalized aliens, most of whom entered prior to 1982.

Table 2: Comparison of Actual U.S. and Estimated UN Immigrant Admissions by Region of Origin: Calendar Year 1983

Region	US	UN	Difference	% diff.
All countries	552,496	579,978	27,482	5.0
Europe	60,001	88,512	28,511	47.5
Asia	271,679	254,137	−17,542	−6.5
Africa	15,355	15,570	215	1.4
Oceania	3,561	5,571	2,012	56.5
North America	165,932	171,839	5,907	3.6
Caribbean	72,307	71,041	−1,266	−1.8
Central America	23,907	24,307	400	1.7
South America	35,936	42,337	6,405	17.8

Source: Kraly and Warren (Reference 2).

Adjustments to Official Immigration Statistics

Ellen Kraly (Colgate Univ.) and Robert Warren (INS) have attempted to use INS administrative records of immigrants and nonimmigrants to compile statistics that conform to the UN definition of long-term immigration. Their adjusted figures are not completely consistent with the UN recommendations because of data limitations, but their analysis is instructive as to the changes in the characteristics of U.S. immigrants that would result from using the UN definition. Their analysis estimates the number of long-term immigrants admitted in Calendar Year 1983. Their data set consists of the those types of migrants shown in Table 1.

As they state, their estimate must be considered a minimum number since some immigrants and asylees admitted in 1983 may adjust in future years, and some nonimmigrants admitted in 1983 who have not yet left may also depart in future years. The number of nonrefugees adjusting their status in FY 1987, after four years residence, was approximately 65,000. If the timing of adjustments remains the same over time, then the current estimated UN immigrant admission figure may be underestimated by 65,000. As of 1987 the difference in the total number of immigrants admitted under the current U.S. and the proposed UN definitions was a relatively small 27,000 (see Table 2).

The more interesting comparisons are admissions by region of origin; Europeans increase by 47.5 percent, Oceanians increase by 56.5 percent, and Asians decrease by 6.5 percent. Most of the decreases in Asia are for countries such as Iran, Cambodia, and Vietnam, most of whose refugee arrivals occurred in the years preceding 1983. The increases from Europe and Oceania are mainly due to the inclusion of nonimmigrant visitors for pleasure or business who stayed more than one year.

Summary

Gaps in migration data collected for the U.S. limit their usefulness for studying international migration and estimating national population change. For example, no information is collected on emigration of legal permanent residents or U.S. citizens, nor is there any direct information on the "immigration" of U.S. citizens. Data

Continued on next page

Immigration Statistics

Continued from preceding page

collected on legal immigrants are based on a legal and administrative definition that often conflicts with the demographic definition of an immigrant. Despite these limitations, the INS data on immigrants and nonimmigrants, when properly used and interpreted, are important resources for analyzing the numbers and characteristics of aliens entering the United States.

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4. *Ibid.*, pp. 8-9.

A New Census Suit

Once again, the U.S. Census Bureau is defendant in a suit over census undercount.

The latest suit was brought last November by a group headed by New York City and including various metro areas, states, and civic organizations. It calls for the Bureau to adjust the count of the 1990 Census – now 16 months away – after conducting a postcensal survey to calculate the estimated under-enumeration in the national head count.

The jurisdictions' interest in the census is due to the crucial role the decennial census plays in congressional apportionment and federal funding formulas to localities.

The Dept. of Commerce has resisted all attempts – including legislation pending before Congress – to change the methodology of the national head count. It has pledged to make the 1990 Census the most accurate ever, through newly automated procedures to ensure all possible households are canvassed, and public relations to encourage cooperation, particularly among minority groups considered vulnerable to undercounting.

The Bureau also cites constitutional problems with adjustment. The Constitution specifies "counting the whole number of persons in each State;" whether "count" can be taken to mean "count-heads-and-then-adjust" (or even "count-heads-and-then-impute") is an issue on which the courts have yet to make a definitive ruling.

– A.H.

20 Million U.S. Hispanics

The 20 million U.S. Hispanics are the nation's second most populous minority group. Although residing in every state, the great majority are highly concentrated geographically – over half the U.S.'s Hispanics live in California and Texas alone; 89 percent live in just nine states.

In part because of this geographic concentration, Hispanics have been largely a concern of state politicians. But as their number and concerns grow, this group will present challenges to U.S. policymakers in nearly every area, but most urgently in education, job training, and welfare.

In the latest PRB Policy report, "U.S. Hispanics: Challenging Issues for the 1990s," authors Rafael Valdivieso and Cary Davis describe the present status, special characteristics, and future prospects of this important population group. In particular, they describe the many ways in which having a large Spanish-speaking population may affect the U.S. and the market potential of this largely untapped $130 billion market.

In addition, the authors point out the possible effects of the 1990 Census, which is likely to show, as did the 1980 Census before it, that the actual U.S. Hispanic population is larger than previously thought. The 1990 enumeration, which provides the state population totals on which reapportionment of the U.S. House of Representatives is based, is also likely to result in more congressional clout for the very states – in the Sunbelt – where Hispanics form a significant portion of the population.

– A.H.

Copies of "U.S. Hispanics: Challenging Issues for the 1990s," by Rafael Valdivieso and Cary Davis, No. 17 in PRB's *Population Trends and Public Policy* series, are available for $6.00 per single copy, 2-10 copies, $4.50 each, 11-50 copies, $4.00 each, 51 or more, $3.80 each. Orders of $50 or less must be prepaid and include $1.00 for postage and handling. Send order and remittance to Population Reference Bureau, Inc., Circulation Dept., PO Box 96152, Washington, DC 20090-6152. Make checks payable to PRB.

Sam Keeny (1893-1988)

Spurgeon M. Keeny died Oct. 20, 1988, at the age of 95, in Washington, DC. In that city on Dec. 3, colleagues and public health specialists gathered at a memorial service for Keeny (known to the world as Sam) – the man who pioneered children's health and family planning programs in Asia from the 1950s to the 1980s.

A Rhodes Scholar, the Pennsylvania-born Keeny served a long career in international humanitarian relief with the YMCA, including personally aiding POWs in Siberia during the First World War and Russian famine victims afterward. He joined UNICEF in 1948. From 1950 to 1963 he was the UN agency's Asian regional director, and his organizational efforts were instrumental in greatly reducing the scourges of malaria and tuberculosis and virtually eradicating yaws from Asia. "When UNICEF won the Nobel Peace Prize in 1965," writes Peter J. Donaldson of the National Academy of Sciences, "many thought the award belonged to Sam."

At age 70, Keeny retired from UNICEF and joined the Population Council as its Asian representative, turning his talents and experience to improving family planning programs throughout Asia. During Keeny's tenure, these programs expanded dramatically, due in great part to his public-health management skills and understanding of less developed countries' rural societies.

In 1982 Keeny was guest of honor at PRB's annual Awards Dinner in Washington, where he received PRB's Award for Outstanding Service to the Field of Population.

Several years ago, Keeny complained to an associate that "apathy, incompetence, and inaction are killing more children today than malaria, smallpox, cholera, typhus, yaws, and malnutrition did when I started working for UNICEF in Asia in 1950." Earlier this year, when his many colleagues and friends celebrated his 95th birthday, they expressed the opinion that world conditions would improve greatly if people followed the organization commandment laid down and acted upon by Keeny himself – to "do the hard jobs first."

– A.H.

Rating U.S. Urban Stress

Stress is defined as "a physical, chemical, or emotional factor that causes bodily or mental tension and may be a factor in disease causation." Now Zero Population Growth, Inc. (ZPG), has rated all U.S. cities with over 100,000 population as to their potential "population-linked stress."

What is population-linked stress? ZPG believes this measure of the quality of modern life can be calculated as a composite of 11 variables existing in an urban area, ranging from educational attainment to crime to water quality to the level of hazardous wastes. The organization also includes population increase (a double-digit percentage change 1970-1986 would be considered stressful, for example), crowding (communities where more than 7 percent of the housing units have more than 1 person per room), and births (in stressed communities, according to ZPG, births to teenagers constitute 19 percent or more of all births, the crude birth rate is 23 per 1,000 population, and infant mortality is greater than 15 infant deaths per 1,000 live births).

Less populous cities in general and Midwestern cities in particular fared best under ZPG's criteria. Cedar Rapids, Iowa, population 108,000, was the "top-rated" city. Cities in the South fared the worst. Western cities might have rated higher, but many of them were downgraded due to air quality problems.

The wallchart shows that various conditions seem to reinforce each other: Many cities with crowding also have high rates of violent crime, for example, while air and sewerage disposal conditions are often similar in quality, according to ZPG's assessments.

ZPG, an advocacy group that promotes stable population size, is celebrating its 20th anniversary this year. ZPG's *Urban Stress Test*, consisting of a horizontal wallchart rating 192 cities and a explanatory report, is available from ZPG for $4.95. Contact: Zero Population Growth, Inc., 1400 16th St. N.W., Suite 320, Washington, D.C. 20036.

—*A.H.*

SOFTWHERE

FIVFIV is a statistical microcomputer program for projecting the size and components of a population.

Long employed by demographers, the program operates through screen menus and is relatively user-friendly. The user simply inputs the initial population size of each age group, together with fertility and mortality rates. Other variables, such as sex ratio at birth and migration, can also be inputted.

Once armed with these data, FIVFIV will crank out cohort-component projections, broken down by age group, by five-year intervals for the next 35 years. Originally a mainframe computer program, FIVFIV was adapted for the microcomputer world and can be run on an IBM PC or compatible with at least 256KB memory and one floppy disk drive. An accompanying program, SINSIN, enables the user to customize the age-group and projection intervals if desired.

FIVFIV-SINSIN and the accompanying manual can be ordered for $25.00 from: Robert Sendek, The Population Council, One Dag Hammarskjold Plaza, New York, N.Y. 10017.

—*A.H.*

POPULATION UPDATE

Estimated United States Population:

As of October 1, 1988	246,821,000
As of October 1, 1987	244,567,000

The above estimates include armed forces overseas and are from U.S. Bureau of the Census, *Current Population Reports*, Series P-25, No. 1029.

Estimated World Population:

As of January 1989	5,172,000,000
Annual growth	89,000,000

Estimated by extrapolation from the mid-1988 population on PRB's *World Population Data Sheet*.

Latest Provisional Statistics for the U.S.: August 1988

	12 months ending with August					
	Number		Rate			
Item	1988	1987	1988	1987	1986	1985
Live births	3,882,000	3,792,000	15.9	15.6	15.5	15.8
Deaths	2,168,000	2,115,000	8.9	8.7	8.7	8.8
Natural increase	1,714,000	1,677,000	7.0	6.9	6.8	7.0
Marriages	2,374,000	2,429,000	9.7	10.0	10.0	10.3
Divorces	1,164,000	1,164,000	4.8	4.8	4.8	5.0
Infant deaths	38,300	37,900	9.9	10.0	10.6	10.6
Population base (in millions)			244.9	242.5	240.2	237.6

Note. Rates are given per 1,000 population, except for infant deaths, which are given per 1,000 live births.

Source. Monthly Vital Statistics Report (Vol. 37, No. 8) from the National Center for Health Statistics.

PRB: Going Like 60 in 1989

PRB turns 60 years old this year.

Founded by population pioneer Guy Irving Burch in 1929 for the purpose of "gathering, correlating, and distributing data concerning population problems," the Population Reference Bureau, Inc., has now been carrying out its mission for six decades – serving PRB members with some 20 publications a year, answering questions from the public, serving as an information resource for policymakers, students, teachers, and the general public, and serving as a resource for government and nongovernmental organizations.

PRB began as a three-person operation in a room on the New York University campus back in the days of Margaret Sanger and the birth control movement – an era when the world's population was "only" 2 billion. The principal publication in its early days was the *Population Bulletin*, and Burch was involved with population issues at a time when the idea of rapid growth in the less developed world seemed remote.

Today PRB consists of an office of 40 persons (including 12 demographers) located in downtown Washington, D.C. Operations now include policy analysis, public information, and detailed demographic data analysis (under PRB's fee-for-service subsidiary Decision Demographics). Through its IMPACT program funded through the U.S. Agency for International Development, it brings population research findings to Third World policymakers. After 60 years, PRB's goals remain the gathering and dissemination of the facts and implications of population trends, both in the U.S. and around the world.

In another 60 years, when world population is projected to be some 9.5 billion and world fertility may have fallen to replacement level, PRB will still have its research cut out for it.

The PRB anniversary logo above will appear on PRB publications throughout 1989.

– A.H.

TAKE A NUMBER

The 25 Most Populous Countries Ranked by Size, 1985 and Projected for 2000 and 2025

(population in millions)

1985		2000		2025	
Country	Population	Country	Population	Country	Population
1 China	1,059.5	China	1,285.9	China	1,492.6
2 India	769.2	India	1,042.5	India	1,445.6
3 Soviet Union	276.9	Soviet Union	307.7	Soviet Union	351.5
4 United States	239.3	United States	266.2	Nigeria	301.3
5 Indonesia	165.4	Indonesia	205.3	United States	300.8
6 Brazil	135.6	Brazil	179.5	Pakistan	267.1
7 Japan	120.8	Pakistan	162.5	Indonesia	257.8
8 Pakistan	103.2	Nigeria	159.1	Brazil	245.8
9 Bangladesh	101.1	Bangladesh	150.6	Bangladesh	235.0
10 Nigeria	95.2	Japan	129.1	Mexico	150.1
11 Mexico	79.4	Mexico	107.2	Japan	128.6
12 West Germany	61.0	Vietnam	83.0	Iran	122.2
13 Vietnam	60.1	Philippines	77.4	Vietnam	118.0
14 Italy	57.1	Iran	74.5	Ethiopia	112.3
15 United Kingdom	56.6	Egypt	66.7	Philippines	111.4
16 France	55.2	Turkey	66.6	Zaire	99.5
17 Philippines	55.1	Thailand	63.7	Egypt	94.0
18 Thailand	51.6	Ethiopia	61.2	Turkey	89.6
19 Turkey	50.3	West Germany	59.8	Tanzania	84.8
20 Iran	47.6	France	58.2	Thailand	80.9
21 Egypt	47.6	Italy	57.9	Kenya	77.6
22 Ethiopia	42.3	United Kingdom	57.5	Burma	72.6
23 South Korea	41.1	Burma	52.1	South Africa	63.2
24 Spain	38.6	Zaire	49.3	France	60.4
25 Burma	37.5	South Korea	48.0	Sudan	59.6

Source: Population Newsletter of the United Nations Population Division, June 1988. Rankings based on unrounded data.

ADDENDA

We're thinking of putting you on the cover.

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CURRENT READINGS

PRB welcomes materials on population topics for possible inclusion in Current Readings. Publishers may address review copies to Book Review Editor, POPULATION TODAY, Population Reference Bureau, 777 14th St., N.W., Washington, D.C. 20005

AMERICAN NEIGHBORHOODS AND RESIDENTIAL DIFFERENTIATION, by Michael J. White. New York: Russell Sage Foundation, 1988. 327 pages. ISBN 0-87154-922-0 $37.50

The U.S. decennial census provides a wealth of comprehensive and detailed information which can be utilized for sociological research, both basic and applied. Since the Census Bureau, operating under a strict budget, is limited in the amount of information it can analyze and publish, census data has in the past been made available to independent researchers for detailed analysis.

Beginning in the 1930s and continuing through the 1960s, teams of experts worked with the Census Bureau to investigate significant social, economic, and demographic developments using census data. This volume is one of a continuing series which revives this tradition of independent, sophisticated analysis of census information.

The series, called "The Population of the United States in the 1980's" is a result of efforts by the Social Science Research Council, the Russell Sage Foundation, the National Committee for Research on the 1980 Census, and the Alfred S. Sloan Foundation, with the collaboration of the U.S. Bureau of the Census. Each volume focuses on a specific facet of sociological study, e.g., family and housing, and commonly includes complex statistical and theoretical analysis of census data.

In this study of the American neighborhood, approximately 6,000 census tracts from 21 metropolitan areas were examined in detail, an analysis which included an estimated 27 million people. Although not selected randomly, the census tracts were chosen in a manner which would approximate a widely representative sample of metropolitan areas, some large and some small.

Residential differentiation was analyzed in regard to many characteristics and found to be the most sharply defined by housing (high rises were the most separated) and race (blacks and whites in particular). A modest decline in racial segregation was observed over time. An excellent discussion of theoretical models of metropolitan structure, development and evolution is included and the models were examined in light of the stucture and changes observed in the data from censuses dating back to 1940.

The results of this statistical and theoretical analysis should be of great interest to both sociologists and policy makers. The author's assessment of the social forces that shape and alter contemporary metropolitan neighborhood structure highlights the importance of such studies in the consideration of alternative public policies and programs which affect these neighborhoods.

– Judy C. Felt

THAILAND'S REPRODUCTIVE REVOLUTION: Rapid Fertility Decline in a Third-World Setting, by John Knodel, Aphichat Chamratrithirong, and Nibhon Debavalya. Madison, Wis.: University of Wisconsin Press, 1987. 251 pages. $19.95. ISBN 0-299-11054-0

This book is an in-depth case study of Thailand's fertility transition, providing a comprehensive and lucid analysis of a "reproductive revolution on a momentous scale." The Thai experience is placed within the broader theoretical concerns of demographers (and others concerned with the process of development) – demographic transition theory, ideational theories, the role of key cultural components in facilitating demographic change, and the "development vs. family planning programs" chestnut.

By any standards the changes in fertility attitudes and behavior in this predominantly rural country have been startlingly rapid and pervasive. In the decade between the late 1960s and 1970s, marital fertility fell by approximately 40 percent; contraceptive prevalence among married women of reproductive age increased from 15 to 50 percent, reaching 65 percent by 1984. Modest differentials between socioeconomic categories now prevail: Preferred family size varies only by a fraction (2.5 and 2.3 children, respectively) between "least educated rural" and "most educated urban" women married less than five years.

Comparisons of fertility levels by education or residence category implicitly invoke the effects of (net) changes in the proximate determinants: If the stated preferred family sizes are achieved, it represents a remarkable degree of leveling in previously marked differentials, primarily through contraceptive usage. There appear to be regional factors at work – the South's higher fertility cannot be wholly explained by its composition of greater proportions of Moslems (who have higher fertility rates) – suggesting an interesting source of further investigation.

The authors' overall conclusions are cautious. Features of the Thai family planning program with its comprehensive distribution systems, and provision of a wide range of modern methods have undoubtedly been of consequence. However, the authors emphasize the synergistic relationship between aspects of the Thai cultural, socioeconomic, and demographic fabric conducive to fertility decline, besides the well organized family planning program.

Desired family size being less than actual family size at initiation of the family planning program, and high acceptance of effective permanent methods, for example, are salient features of the Thai experience which may not be typical of other developing countries or regions. The factors contributing to the success of the family planning program and the remarkably smooth fertility decline make all too patently clear many of the barriers to declines elsewhere. Well documented sources (quantitative and qualitative) make this an invaluable addition to any demographer's bookshelf.

– Gwenda Brophy

SPOTLIGHT

HUNGARY

Population (mid 1988 est.):10.6 million
Land Area: 36,000 sq. miles
Births per 1,000 pop.: 12
Deaths per 1,000 pop.: 14
Rate of natural increase: −0.2 percent
Total fertility rate: 1.8
Infant mortality rate: 19 infant deaths per 1,000 live births
Life expectancy at birth: 70 years
GNP per capita (1986 est.) US $2,010
Capital: Budapest

by Gwenda Brophy

Hungary, long a reform-oriented country in Eastern Europe, is currently in the process of taking major new steps toward the creation of an economy based on mixed state and private ownership. Laws on ownership, foreign investment and company taxation have recently been passed, and the framework for a Western-style market economy established, complete with a commercial banking system, stock and bond markets, and capitalist levels of taxation.

Hungary is exceptional among Eastern European countries in having a negative rate of growth, with the birth rate (12) lower than the death rate (14). For more than two decades the government has followed a vigorous policy of encouraging births through pronatalist incentives achieving modest success. However, since the 1960s Hungary has also experienced a rising death rate. This has been partly due to population aging, but also due to an increase in mortality among certain sections of the population. Age-specific death rates for males 15 years and over were all higher in 1980 than in the mid-1960s, with a marked increase for the 30-59 age group. Age-specific death rates for women aged 30-59 are beginning to display a similar trend.

Hungary's mortality rise cannot be attributed to any single cause. Possible associated factors that have been cited include the fundamental transformation of Hungarian society since 1950 with accompanying rapid urbanization, and changes in occupational structure. The population now aged 40-59, for whom mortality has risen most, were the children and young people of the years of the Second World War and its aftermath; the deprivation suffered by these age-groups may be a factor in their death rates now.

Infant mortality, 19 per 1,000 live births, is high for the region, but has declined from 23 in 1980, indicating some success in the program to reduce it.

The relative importance of induced abortion and other proximate determinants of fertility has changed over time. The role of induced abortion in Hungary, as in Eastern Europe generally, in affecting fertility has been considerable. Data on legal induced abortion are available for Hungary for all the years since 1956 when abortion was made available upon request. The increase in the total abortion rate (which represents the number of abortions a woman would have during her reproductive life given prevailing age-specific abortion rates) following liberalizing legislation leveled at between 2.0-2.5 from the late 1950s to the early 1970s.

In 1974 a moderate restriction on abortion was imposed. This was accompanied by socioeconomic incentives to childbearing, and enacted at a time of rapidly broadening availability of contraceptives, and appears to have accelerated an already ongoing decline in the incidence of induced abortion. By 1977 the total abortion rate had declined to 1.2, and in 1983 stood at a fraction over 1.

Despite the importance of induced abortion, the most important factor modifying fertility in Hungary in the past two decades has been contraception (even when in 1966 the total abortion rate was close to its peak, 2.5). Contraceptive prevalence increased substantially between the late 1950s and 1970s – from 58 percent in 1958 to 68 percent in 1966, reaching 73 percent (the level at which it currently stands) in 1977. The latter date is when the World Fertility Survey took place in Hungary. Although the increase between 1966 and 1977 was modest, there were significant changes in the methods used.

The pill and IUD, not used at all in 1966, accounted for almost 70 percent of contraceptive use by 1977; traditional methods, which accounted for a high proportion of use, 65 percent, in the earlier period (for 62 percent withdrawal) declined to 24 percent, 20 percent of which was withdrawal, by 1977.

Between 1966 and 1977 other main proximate determinants of fertility included a slight upward fertility trend resulting from marriage trends, while postpartum infecundity had a small and unchanging downward effect.

Hungary's total fertility rate (TFR) currently stands where it did in 1962 – at 1.8 lifetime children per woman. During the 1960s, the TFR increased slowly at first, then more quickly in the mid-1970s before a steady decade-long decline brought it back to the original figure. As the Hungarian economy undergoes further fundamental shifts, future demographic trends will prove interesting.

Gwenda Brophy is currently at PRB. She holds an M.Sc. degree in demography from the London School of Economics.